

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-570)**

SERIAL NO. **071 583 201**  
APPLICANT

FILING DATE **11-28-09**

**CLAIMS**

	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
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37							97						
38							98						
39							99						
40							100						
41							TOTAL						
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